

West Virginia Division of Personnel

APPLICATION FOR EXAMINATION - INSTRUCTIONS

This is a special WordPerfect version of the Division of Personnel Application for Examination form. The form is equivalent to the standard Division of Personnel **green** Application form. An **Employment History Supplement** sheet is available if you need additional space. Enter information only in the indicated spaces. In most case, you can Tab from field to field. Do not attempt to change the basic format of the document. We recommend that you print a blank form to use as a draft.

These two instruction pages are **NOT** part of the Application and should **NOT** be submitted with the completed form. If you have any questions, please call our office. (304.558.3950 ext. 503)

Social Security Number Required.

Pursuant to Section 7 of the Privacy Act of 1974, your disclosure of your social security number is mandatory. We require social security numbers to verify your identity and confirm the information you provide in your application. Failure to provide your social security number will result in rejection of your application. We have authority to solicit your social security number because of a record-keeping system that was established before January 1, 1975 pursuant to West Virginia Code § 29-6-1 et seq. for purposes of verifying your identity.

General Information.

Information about testing, announced job titles, testing locations, and the employment process are available on our web site at: www.state.wv.us/admin/personnel . If you are planning to take a written examination, **TAKE** your completed application to the examination center when reporting for testing. Do **not** mail an application for a written examination to our office. Applications for jobs which do not require a written test should be mailed or delivered to the address shown on the form. A photocopy of the application with signature and current date is acceptable. A resume cannot be substituted for the application. Resumes and other supporting documents may be enclosed with the completed application.

Availability for Interview and Appointment. (Very Important)

In order to process your application, we must know the counties in which you are willing to interview and accept employment. Space has been provided on the Application for you to indicate the counties in which you are definitely available for work. Do not mark a county that would require you to change residences, if you are not willing to re-locate. Mark "All counties" **ONLY** if you are certain you will accept work in any county in the State. **A printable map is available on our web site showing the location of all counties.**

Documentation of Training and Experience.

Proof of degree(s), major fields of study, specific course work, license(s), vocational or other required training must be attached to the completed application. An applicant's test may be scored but will not be considered for employment until the required documents are received. Copies of documents will be accepted providing all information is clearly shown.

All employment listed on the Application is subject to verification. Be sure to include all relevant experience (including military experience) in the Employment History section. You **MUST** indicate "hours per week" for any part-time work. All employment dates **MUST** be complete and accurate. If you need additional space for your employment history, download one or more copies of the **Employment History Supplemental Sheet** from our Web site.

Equal Employment Opportunity.

The WV Division of Personnel assures all applicants of equal opportunity when applying for employment. No applicant will be discriminated against based on race, sex, age, religion, national origin, political affiliation, disability, or any other non-job related factors. Further, it is the policy of the Division of Personnel to ensure that only qualified individuals are certified for employment. **We provide all reasonable accommodations for persons with disabilities. Call our office for assistance and information. (Continue reading on the next page.)**

**West Virginia Division of Personnel
APPLICATION FOR EXAMINATION
INSTRUCTIONS - CONTINUED**

Military Service and Veterans Preference Eligibility Requirements.

Before completing the **Military Service and Veteran's Preference** section of the application, you **must** read the following to determine your eligibility for preference points.

Only veterans meeting the eligibility requirements can receive preference. Applicants claiming eligibility for Veteran's Preference points **MUST** provide a copy of their **DD214 Form**.

Eligibility Requirements:

Five points shall be added to a final passing examination score of any person who meets any **ONE** of the following conditions:

1. Served on active duty anytime between December 7, 1941 and September 7, 1980; **OR**
2. A Reservist called to active duty between February 1, 1955 and October 14, 1976 **AND** who served for more than 180 days; **OR**
3. A Reservist who entered active duty between October 15, 1976 and October 13, 1982 **AND:**
 - a. received a campaign badge or expeditionary medal, **OR**
 - b. is a disabled veteran; **OR**
4. Enlisted in the Armed Forces after September 7, 1980 or entered active duty other than by enlistment on or after October 14, 1982 **AND:**
 - a. completed 24 months of continuous active duty or the full period called or ordered to active duty or was discharged under 10 U.S.C. 1171 or for hardship under 10 U.S.C. 1173 **AND** received or was entitled to receive a campaign badge or expeditionary medal, **OR**
 - b. is a disabled veteran.

A Veteran may receive an **additional 5 points** if s(he) received a **Purple Heart Award** (verified by the DD214 Form), or if s(he) has a **compensable, service-connected disability**. The disability must be verified by a letter from the Veteran's Administration, dated within the last 6 months, indicating that the individual is currently receiving disability compensation for a service-connected disability.

If you would like assistance in determining your eligibility, please call our office.

Be Sure to Sign Your Application.

Unsigned Applications are returned. Remember, you may make a photocopy of your completed application, but each application submitted must contain a signature and current date. If you have any questions about completing the form please contact one of our counselors for assistance.

These 2 Pages of Instructions Are Not Part of The Application.

Please remove these 2 pages from the form after printing.

You do not need to submit these instructions with the form.

West Virginia Division of Personnel
APPLICATION FOR EXAMINATION

1900 Kanawha Boulevard, East, Charleston, West Virginia 25305-0139 304/558-3950 TDD: 304/558-1237

JOB CLASSES FOR WHICH YOU ARE APPLYING: (This application cannot be processed without job titles)	For Office Use Only (Do not write in the spaces below.)	
	A	R V-5() V-10()
	A	R
	A	R
	A	R
	1.	2.

Soc. Sec. No.:	-	-	< See SSN note in instructions. Link
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Soc. Sec. No.:	-	-	< See SSN note in instructions. Link
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Last Name (above line)		First Name		Middle Initial
Mailing Address (above line)		City	County	State & Zip
(Area Code) Home Phone		(AC) Business Phone		E-mail Address

Type of Employment you will accept:	YES	NO	Mark with "X". Have you...	OFFICE USE ONLY
A <input type="checkbox"/> Permanent Full-Time			applied to the Division of Personnel in the last 12 months?	
B <input type="checkbox"/> Permanent Part-Time			applied using a different name? Type Name:	
C <input type="checkbox"/> Temporary Full-Time			previously held/currently hold a job covered by the Division of Personnel?	
D <input type="checkbox"/> Temporary Part-Time			Were you born in West Virginia?	
E <input type="checkbox"/> Intermittent			Enter county:	
Date you are available to interview: Date:			Can you legally work in the United States? If temporarily, enter expiration date here:	
Check all shifts that apply:			May we send your name to agencies not covered by the Division of Personnel?	
A <input type="checkbox"/> Day Shift Only				
B <input type="checkbox"/> Evening Shift Only				
C <input type="checkbox"/> Night Shift Only				
D <input type="checkbox"/> Rotating Shift Only				

Have you been convicted of a felony within the past 7 years? YES NO

A “YES” answer will not cause the removal of your name from an employment register or bar you from all employment unless the conviction relates to the position for which you are applying.

We provide reasonable accommodations for persons with disabilities. Please call the Division of Personnel at 304/558-3950 (TDD: 304/558-1237) for more information.

Select counties in which you will definitely accept employment.

See map on Web site. Mark "X". Mark **ALL counties** only if you are certain you will accept employment in any county.

01 Barbour	12 Grant	23 Logan	34 Nicholas	45 Summers
02 Berkeley	13 Greenbrier	24 McDowell	35 Ohio	46 Taylor
03 Boone	14 Hampshire	25 Marion	36 Pendleton	47 Tucker
04 Braxton	15 Hancock	26 Marshall	37 Pleasants	48 Tyler
05 Brooke	16 Hardy	27 Mason	38 Pocahontas	49 Upshur
06 Cabell	17 Harrison	28 Mercer	39 Preston	50 Wayne
07 Calhoun	18 Jackson	29 Mineral	40 Putnam	51 Webster
08 Clay	19 Jefferson	30 Mingo	41 Raleigh	52 Wetzel
09 Doddridge	20 Kanawha	31 Monongalia	42 Randolph	53 Wirt
10 Fayette	21 Lewis	32 Monroe	43 Ritchie	54 Wood
11 Gilmer	22 Lincoln	33 Morgan	44 Roane	55 Wyoming

Mark only if available in ALL counties =>	AN EQUAL OPPORTUNITY EMPLOYER
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Mark only if available in ALL counties =>	AN EQUAL OPPORTUNITY EMPLOYER
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Employment History - Resumes will not be accepted in place of this information.

For more information click the comment mark to the left, or read the instructions sheet.

List all work experience beginning with your present or most recent job and work back.

Any change in duties, title, or employment status with the same employer, must be listed as a separate job.

Be sure to show your employment dates and hours worked per week. If you need more space for your duty description, continue in the next box, or download the Employment History Supplement sheet.

Employer Name and Address		Employer Phone No.	
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates	Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/>		
	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: <input type="text"/>		
mo. / yr.	mo. / yr.	Did you supervise any employees? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	
Detailed Description of Your Duties and Responsibilities:			

Employer Name and Address		Employer Phone No.	
Type of Business	Name of Supervisor	Your Job Title	Last Salary
Employment Dates	Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/>		
	Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: <input type="text"/>		
mo. / yr.	mo. / yr.	Did you supervise any employees? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:	
Detailed Description of Your Duties and Responsibilities:			

Employment history continued. If you need more spaces, download the Supplement Sheet.

Employer Name and Address			Employer Phone No.	
Type of Business	Name of Supervisor	Your Job Title		Last Salary
Employment Dates	Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: <input type="text"/> mo. / yr. <input type="text"/> mo. / yr. <input type="text"/> Did you supervise any employees? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:		
Detailed Description of Your Duties and Responsibilities:				

Employer Name and Address			Employer Phone No.	
Type of Business	Name of Supervisor	Your Job Title		Last Salary
Employment Dates	Employment <input type="checkbox"/> Paid Employment <input type="checkbox"/> Volunteer Work <input type="checkbox"/> Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of hours per week: <input type="text"/> mo. / yr. <input type="text"/> mo. / yr. <input type="text"/> Did you supervise any employees? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:		
Detailed Description of Your Duties and Responsibilities:				

Employment history continued. If you need more spaces, download the Supplement Sheet.

Employer Name and Address						Employer Phone No.									
Type of Business				Name of Supervisor				Your Job Title				Last Salary			
Employment Dates				Employment _____ Paid Employment _____ Volunteer Work Status: _____ Full-time _____ Part-time Number of hours per week: _____ Did you supervise any employees? _____ YES _____ NO											
mo. / yr.		mo. / yr.													
Date you began supervising: (mo. / yr.)				List titles and number of Employees you officially supervised:											
Detailed Description of Your Duties and Responsibilities: 															

Employer Name and Address				Employer Phone No.	
Type of Business		Name of Supervisor		Your Job Title	
				Last Salary	
Employment Dates		Employment _____ Paid Employment _____ Volunteer Work Status: _____ Full-time _____ Part-time Number of hours per week: _____			
mo. / yr.	mo. / yr.	Did you supervise any employees? _____ YES _____ NO			
Date you began supervising: (mo. / yr.)		List titles and number of Employees you officially supervised:			
Detailed Description of Your Duties and Responsibilities: 					
If you need more space for Employment History, download the Supplement sheet.					

Education. (If you need more space, provide the additional information on a plain sheet of paper.)Did you receive a high school diploma or high school equivalency diploma (GED)? ☐ YES ☐ NOMark highest grade completed. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12**Additional Education:** All academic training, other than high school or GED, must be verified. Verification of academic training may be in the form of an **official transcript**, copy of **diploma** or **certificate**, or **written statement** from an authorized agency verifying possession of the necessary credentials.

School Name and Address	Field(s) of Study		Credit Hours		Dates of Attendance		Type of Degree				
	Major	Minor	Sem.	Quart.	mo/yr	mo/yr					
College (Undergraduate)											
College (Graduate)											
Business, Vocational or Technical School	Course Name		No. of Weeks Attended		Hours per day	Clock hrs. Completed	Certificate. Attach copy				
Additional training. (Seminars, Military Trg., Workshops, etc.)											
List and provide copies of any licenses and certificates:											
Commercial Driver's License. If you have a CDL, enter your License Number, CDL License Class, and Expiration Date below. If properly completed you do not have to send a copy of your CDL.											

Military Service & Veteran's Preference. Completion of this section is voluntary.

Completion of this section is necessary if you are claiming **Veteran's Preference Points**. Applicants claiming eligibility **MUST** provide a copy of their **DD214 Form**. **Five (5)** points shall be added to a final passing examination score for any person who meets the eligibility requirements. Before marking this section, please read the **Veteran's Preference Eligibility Requirements** stated in the Instructions.

Are you claiming **Veteran's Preference for service in the United States Armed Forces**? ☐ YES ☐ NO

A veteran may receive 5 additional points if s(he) received a Purple Heart Award, or if s(he) has a verified compensable service-connected disability. Please see the Instructions section for eligibility requirements.

Are you claiming **5 additional Veteran's Preference Points on the basis of**:**Purple Heart Award?** ☐ YES ☐ NO If yes, it must be stated on DD214.**Compensable, service-connected disability?** ☐ YES ☐ NO Veteran's Administration letter required.*

(* Veteran's Administration letter verifying disability must be dated within the last 6 months.)

Identification: When reporting for an examination, you must present identification which includes a signature and/or picture (ex.: driver's license, Soc. Sec. card, credit cards, passport). Applicants without ID will **NOT** be permitted to test.**Affirmation:** I certify under penalty of law and disqualification that all statements are true and complete. I authorize the State of West Virginia and any agent acting on its behalf to conduct an inquiry into any job-related information contained in this application. I release the State of West Virginia and any agent acting on its behalf from any and all liability by reason of the request for such information. I further authorize and request each former employer, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with this application.**Signature:** _____ **Date:** _____

EQUAL EMPLOYMENT SURVEY QUESTIONNAIRE

The following information will be used solely to evaluate recruitment and examination methods. This form will be kept separate from your application and will not be shared with hiring agencies. Nothing you write on this form will in any way affect your test score or your chances for employment. Answering these questions is voluntary; however, your cooperation is essential for us to ensure equal employment opportunity for all job applicants.

Please enter information as indicated:

Social Security Number

Enter one number per block.
Do not use any dashes.

--	--	--	--	--	--	--	--

Date of Birth.

Example: June 3, 1967
would be entered as
06 03 67

--	--

Month

--	--

Day

--	--

Year

**Check (X) the
Correct box
below**

--

Male

--

Female

DISABILITY. A disabled individual is any person who 1) has a disability which substantially limits one or more of the major life activities, 2) has a record of such impairment, 3) is regarded as having such an impairment.

Do you have a disability?

☐

YES

☐

NO

Please mark (x) the item which best describes your primary **racial/ethnic** background.

Mark one item only.

- ☐ 1. **BLACK** - a person having origins in one of the black racial groups of Africa.
- ☐ 2. **HISPANIC** - a person of Mexican, Puerto Rican, Cuban, Central American, South American, or other Spanish culture or origin, regardless of race.
- ☐ 3. **WHITE** - a person having origins in any of the original people of Europe, North Africa, or Middle East.
- ☐ 4. **AMERICAN INDIAN OR ALASKAN NATIVE** - a person having origins in any of the original people of North America and maintains cultural identification through tribal affiliation or community recognition.
- ☐ 5. **ASIAN OR PACIFIC ISLANDER** - a person having origins in any of the original people of the Far East, SE Asia, the Indian subcontinent, or any of the Pacific Islands. Example: China, India, Japan, Korea, the Philippines, and Samoa.

Mark (1,2,3) the most important sources of information below which influenced your decision to apply. Mark the most important, 1. Rank at least 1, but no more than 4.

- | | | | | | |
|---|-------|--|-------|--------------------------|---|
| A | _____ | DOP Counselor | _____ | Radio Announcement | I |
| B | _____ | DOP Information Booklet | _____ | Newspaper | J |
| C | _____ | DOP Recruiter Information | _____ | Friend or Neighbor | K |
| D | _____ | Employment Security / Job Service Off. | _____ | State Employee | L |
| E | _____ | Division of Human Services | _____ | State Agency Referral | M |
| F | _____ | High School Counselor / Teacher | _____ | DOP Web Site Information | N |
| G | _____ | College Placement Office / Advisor | _____ | Other: _____ | O |
| H | _____ | State Vocational Rehabilitation Office | _____ | Other: _____ | P |